

3/26/12 (15)

APPLICATION FOR A SPECIAL FARMER WINERY LICENSE TO SELL

FOR LICENSING, ACTON BOARD OF SELECTMEN ONLY

Date Recorded 3/21/12

Amount Paid 50.00

Application Fee \$0 License Fee \$50

Date: 3/14/12

Farmer Winery Legal Name: STILL RIVER WINERY

Business DBA Name (if applicable): _____

Address with Zip Code: 104 BOLTON RD HARVARD, MA 01451

Tax Identification Number: _____ Check one: _____ SSN _____ FEIN ☒ 27-0945593

Primary Contact: Phone: WADE HOLTZMAN

Address with Zip Code: 104 BOLTON RD, HARVARD, MA 01451

Name of Agricultural Event: ACTON BOXBOROUGH FARMERS' MARKET

Location: PEARL ST, ACTON MA

Items for Sale and/or Sampling: APFELEIS (APPLE ICEWINE)

Date(s) and Time(s): SUNDAYS 6/17/12 - 12/21/12 10:00AM - 1:00 PM

Type of Business (Check one): ☒ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☒ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: LEIF HOLTZMAN

Address with Zip Code: 104 BOLTON RD HARVARD MA 01451

Partner's/Member's/Secretary's Name: WADE HOLTZMAN

Address with Zip Code: 104 BOLTON RD HARVARD MA 01451

Partner's/Member's/Treasurer's Name: MARLOT HOLTZMAN

Address with Zip Code: 104 BOUTON RD HARVARD MA 01451

Have you ever obtained a special farmer winery license to sell before? Y ☒ N ☐

If yes, list event(s): ACTON BOXBOROUGH

Have you ever had a special farmer winery license denied, revoked or suspended? Y ☐ N ☒

If yes, explain: _____

Attach proof of certification that the applicant is a Farmer Winery.

Attach proof of certification that the event is an Agricultural Event.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Town of Acton's Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Town of Acton.

Signature of Applicant: Date: 3/14/12 Wade Holtzman

Print Name: WADE HOLTZMAN

Phone: 978 456-6850

Obtain the signatures below before submitting this form to the Licensing Commission.

☒ Approved ☐ Denied Date

Fire Prevention Deputy Chief or Designee

☒ Approved ☐ Denied Date

Police Chief or designee

For MSIT
Robert C. Loring

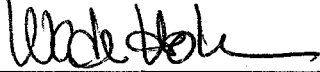
☐ Approved ☐ Denied Date

Inspectional Services Commissioner or designee

No Concern J.L.R.
3/14/2012

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.



*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

27-0945593

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: STILL RIVER WINERY
Address: 104 BOLTON ROAD
City: HARVARD State: MA Zip: 01451 Phone #: 978 415-9463

- | | |
|---|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input checked="" type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input checked="" type="checkbox"/> Other <u>WINERY</u> |

Workers' compensation insurance information (if applicable):

NA

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Wade Holtzman Date: 3/14/12
Print Name: WADE HOLTZMAN

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	

GUIDE/REQUIRED MATERIALS FOR APPLICATION TO OBTAIN APPROVAL TO VEND UNDER THE SPECIAL FARMER WINERY LICENSE TO SELL AT THE ACTON-BOXBOROUGH FARMER'S MARKET, ACTON, MA

Pursuant to MGL c138 s15F, a license must be obtained before selling wine at an agricultural event. Licensure is valid for the approved event only. The License fee is \$50.00.

To complete the application:

1. Fill in the Application for a Special Farmer Winery License. Fill in and sign the REAP Attestation. Fill in and sign the State Dept. of Industrial Accidents Workers Compensation Insurance Affidavit. ✓
2. Attach proof of certification that the applicant is a Farmer Winery. ✓
3. Attach proof of certification that the event is an Agricultural Event. ✓
4. Proceed to each of these Departments to obtain sign-offs: ✓
 - A. Fire Prevention Bureau: Monday – Friday, 9:00 – 4:00. Public Safety Building, Main Street ✓
 - B. Inspectional Services Division: Monday – Friday, 8:00 AM – 4:00 PM, Building Department, Town hall. ✓
 - C. Police Department: Monday – Friday 9:00 – 4:00 PM. Public Safety Building, Main Street ✓
5. Submit the application and the fee to the Town Manager's Office, 472 Main Street, Acton. The Licensing Board (Board of Selectmen) usually meets on every other Monday Evening. Applications must be submitted at least 20 days before the meeting. ✓

All materials Received
3/20/12 CMG